

## **GROUP FOUR AND SENIOR EXECUTIVE SERVICE PERFORMANCE MANAGEMENT AND COMPETENCY RATING FORM**

### **STANDARDS AND INSTRUCTIONS**

- A. This form is used in accordance with Civil Service Commission Rule 2-3 and Department of Civil Service Regulation 2.06 to document performance factors and objectives, required competencies, and the supervisor's evaluation of the employee's performance for: (1) probationary ratings, (2) progress reviews, and (3) annual ratings. This form is only used for Group Four and Senior Executive Service employees.
- B. A probationary period is required upon: (1) hire, (2) promotion, and (3) lateral job change between departments to a different classification. A probationary period is not required, but may be established for a reinstatement or demotion.
- C. A full-time probationary employee shall be rated upon completion of six months and twelve months of service. Less than full-time probationary employees shall be rated upon completion of nine months and eighteen months of service. New hires without status shall also be rated upon completion of three months of employment.
- D. The supervisor or supervisor and employee must establish performance factors or objectives setting forth expectations for the rating period. Performance objectives should be briefly stated but specifically defined and should include expected outcomes. All relevant competencies must also be identified. Competencies measure behaviors or how the employee accomplishes the objectives. To obtain the competency rating scales associated with the fourteen competencies defined on pages 3 and 4 of this form, see Civil Service Web site [www.michigan.gov/mdcs/1,1607,7-147-6878-22736--,00.html#CS1719](http://www.michigan.gov/mdcs/1,1607,7-147-6878-22736--,00.html#CS1719).
- E. At the beginning of each rating period, the supervisor must review the performance factors, objectives, and competencies with the employee and explain that they set the performance expectations for the rating period. The employee and supervisor must sign and date the form and retain a copy.
- F. The supervisor should provide regular performance feedback to the employee. Formal progress reviews may be given during the course of the annual review period.
- G. At the end of the review period, the supervisor shall evaluate the employee's performance and assign an overall rating. The employee's achievements in relation to the performance factors (what was accomplished) and the competency evaluation (how the objectives were accomplished) must be considered in determining the employee's rating. The supervisor's evaluation must be documented on the form. The supervisor must discuss the evaluation with the employee.
- H. **The probationary rating categories are "Unsatisfactory," "Meets Expectations," and "High Performing."** Meets Expectations and High Performing are satisfactory ratings. An Unsatisfactory probationary rating is discipline and may be the basis for additional discipline, up to and including dismissal.
- I. **The annual rating categories are "Needs Improvement," "Meets Expectations," and "High Performing."** A Needs Improvement rating is not discipline. If a Needs Improvement rating is issued, the appointing authority shall establish a plan for improving the employee's performance or behavior.
- J. All ratings must be completed within twenty-eight calendar days of the end of the rating period.
- K. The supervisor and employee must sign and date the rating as evidence of the review. The appointing authority must sign and date Unsatisfactory probationary ratings and Needs Improvement annual ratings.
- L. The appointing authority must notify the State Personnel Director of any Unsatisfactory ratings within twenty-eight calendar days of the rating.
- M. Training on performance management is available from the Department of Civil Service. See Web site [www.state.mi.us/mdcs/training/calendar/index.html](http://www.state.mi.us/mdcs/training/calendar/index.html) for details.

**GROUP FOUR AND SENIOR EXECUTIVE SERVICE**  
**PERFORMANCE MANAGEMENT AND COMPETENCY RATING FORM**  
FOR PROBATIONARY RATINGS, PROGRESS REVIEWS, AND ANNUAL RATINGS

|                                                                                                                                                                                                                                                                                                             |                            |                                                                                                                                                                                                                                |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <i>Information and instructions for conducting probationary and annual reviews and evaluations are found in Civil Service Regulation 2.06, available from all human resource offices and the Department of Civil Service Web site, at <a href="http://www.michigan.gov/mdcs">www.michigan.gov/mdcs</a>.</i> |                            |                                                                                                                                                                                                                                |                      |
| <b>Name</b>                                                                                                                                                                                                                                                                                                 |                            | <b>Employee I.D. No.</b>                                                                                                                                                                                                       | <b>Position Code</b> |
| <b>Classification</b>                                                                                                                                                                                                                                                                                       |                            | <b>Department/Agency/Bureau/Division</b>                                                                                                                                                                                       |                      |
| <b>Supervisor's Name</b>                                                                                                                                                                                                                                                                                    | <b>Supervisor I.D. No.</b> | <b>Rating Period Start/End Dates</b><br><b>From:</b> _____ <b>To:</b> _____                                                                                                                                                    |                      |
| <b>REVIEW OF PERFORMANCE FACTORS AND COMPETENCIES</b>                                                                                                                                                                                                                                                       |                            |                                                                                                                                                                                                                                |                      |
| I certify that I have reviewed the performance factors and competencies identified on this form and received a copy.<br><br>_____<br><b>Employee's Signature and Date</b>                                                                                                                                   |                            | I certify that the performance factors and competencies identified on this form provide the basis for evaluating this employee's performance during this rating period.<br><br>_____<br><b>Supervisor's Signature and Date</b> |                      |
| <b>PROBATIONARY RATING</b>                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                                                                                                                |                      |
| <div><input type="checkbox"/> 3 MONTH (NEW HIRE)<br/><input type="checkbox"/> 12 MONTH</div> <div><input type="checkbox"/> 6 MONTH<br/><input type="checkbox"/> 18 MONTH (PART-TIME)</div> <div><input type="checkbox"/> 9 MONTH (PART-TIME)<br/><input type="checkbox"/> OTHER _____</div>                 |                            |                                                                                                                                                                                                                                |                      |
| <b>RATING:</b> <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Meets Expectations <input type="checkbox"/> High Performing                                                                                                                                                                 |                            |                                                                                                                                                                                                                                |                      |
| <b>PROGRESS REVIEW</b>                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                                                                |                      |
| I certify that I have had a progress review and discussed my performance with my supervisor. My signature reflects only that a meeting occurred.<br><br>_____<br><b>Employee's Signature and Date</b>                                                                                                       |                            |                                                                                                                                                                                                                                |                      |
| I certify that the employee's progress has been reviewed with the employee.<br><br>_____<br><b>Supervisor's Signature and Date</b>                                                                                                                                                                          |                            |                                                                                                                                                                                                                                |                      |
| <b>ANNUAL RATING</b>                                                                                                                                                                                                                                                                                        |                            |                                                                                                                                                                                                                                |                      |
| <b>RATING:</b> <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Meets Expectations <input type="checkbox"/> High Performing                                                                                                                                                              |                            |                                                                                                                                                                                                                                |                      |
| I certify that I have had the opportunity to review this rating and understand that I am to receive a copy of it. I understand that my signature does not necessarily mean that I agree with the rating.<br><br>_____<br><b>Employee's Signature and Date</b>                                               |                            |                                                                                                                                                                                                                                |                      |
| I certify that this rating report constitutes my evaluation of the performance of this employee for the period covered.<br><br>_____<br><b>Supervisor's Signature and Date</b>                                                                                                                              |                            |                                                                                                                                                                                                                                |                      |
| I certify that I have reviewed this evaluation and concur with the rating given. (Required only if rating is Needs Improvement or Unsatisfactory.)<br><br>_____<br><b>Appointing Authority's Signature and Date</b>                                                                                         |                            |                                                                                                                                                                                                                                |                      |

|      |               |
|------|---------------|
| Name | Rating Period |
|      | From: To:     |

|                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center"><b>PERFORMANCE OBJECTIVES AND EVALUATION</b></p> <p>List the performance factors/objectives and accomplishments expected during the rating period. Revise and add factors/objectives, as necessary, throughout the rating period. Upon completion of the rating period, summarize the employee's accomplishments and performance.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Performance Factors/Objectives | Evaluation |
|--------------------------------|------------|
|                                |            |

|      |                        |     |
|------|------------------------|-----|
| Name | Rating Period<br>From: | To: |
|------|------------------------|-----|

## GROUP FOUR AND SENIOR EXECUTIVE SERVICE COMPETENCIES

Competencies are defined as the ability, skill, knowledge, and motivation needed for success on the job. The Group Four and Senior Executive Service competency rating scales should be used to communicate expectations, determine competency ratings, provide feedback on performance, and identify areas for professional development and can be found at Civil Service Web site [www.michigan.gov/mdcs/1,1607,7-147-6878-22736--,00.html#CS1719](http://www.michigan.gov/mdcs/1,1607,7-147-6878-22736--,00.html#CS1719).

### RATING CATEGORIES

Probationary: US — Unsatisfactory      ME — Meets Expectations (Satisfactory)      HP — High Performing (Satisfactory)

Annual: NI — Needs Improvement      ME — Meets Expectations      HP — High Performing

| CHECK ALL THAT APPLY     | COMPETENCIES (Check and Evaluate All Relevant Competencies)                                                                                                                                                                                                                                               | RATING               |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> | <b><u>Adaptability</u></b> — Maintains effectiveness when experiencing major changes in personal work tasks or the work environment; adjusts effectively to work within new work structures, processes, requirements, or cultures.<br><b><u>Comments:</u></b>                                             | <input type="text"/> |
| <input type="checkbox"/> | <b><u>Aligning Performance for Success</u></b> — Focuses and guides others in accomplishing work objectives.<br><b><u>Comments:</u></b>                                                                                                                                                                   | <input type="text"/> |
| <input type="checkbox"/> | <b><u>Building Partnerships</u></b> — Identifies opportunities and takes action to build strategic relationships between one's area and other areas, teams, departments, units, or organizations to help achieve business goals.<br><b><u>Comments:</u></b>                                               | <input type="text"/> |
| <input type="checkbox"/> | <b><u>Building Trust</u></b> — Interacts with others in a way that gives them confidence in one's intentions and those of the organizations.<br><b><u>Comments:</u></b>                                                                                                                                   | <input type="text"/> |
| <input type="checkbox"/> | <b><u>Communication</u></b> — Clearly conveys and receives information and ideas through a variety of media to individuals or groups in a manner that engages the audience, helps them understand and retain the message, and permits response and feedback from the audience.<br><b><u>Comments:</u></b> | <input type="text"/> |
| <input type="checkbox"/> | <b><u>Customer Focus</u></b> — Makes customers and their needs a primary focus of one's actions; developing and sustaining productive customer relationships.<br><b><u>Comments:</u></b>                                                                                                                  | <input type="text"/> |

|      |                            |
|------|----------------------------|
| Name | Rating Period<br>From: To: |
|------|----------------------------|

| CHECK ALL THAT APPLY     | COMPETENCIES (Check and Evaluate All Relevant Competencies)                                                                                                                                                                                                                                                                                                                   | RATING               |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> | <b>Decision Making</b> — Identifies and understands issues, problems, and opportunities; compares data from different sources to draw conclusions; uses effective approaches for choosing a course of action or developing appropriate solutions; takes action that is consistent with available facts, constraints, and probable consequences.<br><u>Comments:</u>           | <input type="text"/> |
| <input type="checkbox"/> | <b>Delegating Responsibility</b> — Allocates decision-making authority and/or task responsibility to appropriate others to maximize the organization's and individual's effectiveness.<br><u>Comments:</u>                                                                                                                                                                    | <input type="text"/> |
| <input type="checkbox"/> | <b>Developing a Successful Team</b> — Uses appropriate methods and a flexible interpersonal style to develop a cohesive team; facilitating the completion of team goals.<br><u>Comments:</u>                                                                                                                                                                                  | <input type="text"/> |
| <input type="checkbox"/> | <b>Facilitating Change</b> — Encourages others to seek opportunities for different and innovative approaches to addressing problems and opportunities, facilitating the implementation and acceptance of change in the workplace.<br><u>Comments:</u>                                                                                                                         | <input type="text"/> |
| <input type="checkbox"/> | <b>Innovation</b> — Generates innovative solutions in work situations; trying different and novel ways to deal with work problems and opportunities.<br><u>Comments:</u>                                                                                                                                                                                                      | <input type="text"/> |
| <input type="checkbox"/> | <b>Leading Through Vision and Values</b> — Keeps the organization's vision and values at the forefront of associate decision-making and action.<br><u>Comments:</u>                                                                                                                                                                                                           | <input type="text"/> |
| <input type="checkbox"/> | <b>Planning and Organizing Work</b> — Establishes courses of action for self and others to ensure that work is completed efficiently.<br><u>Comments:</u>                                                                                                                                                                                                                     | <input type="text"/> |
| <input type="checkbox"/> | <b>Strategic Planning</b> — Obtains information and identifies key issues and relationships relevant to achieving a long-range goal or vision; committing to a course of action to accomplish a long-range goal or vision after developing alternatives based on logical assumptions, facts, available resources, constraints, and organizational values.<br><u>Comments:</u> | <input type="text"/> |